

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE	
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
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TOTAL IND.	1					
TOTAL DEP.	10	↔	↔	↔		
TOTAL CLAIMS	11	██████████				

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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		██████████				